

DOCKET NO.: END9-2000-0086US2

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Ballantine *et al.*

Examiner: Tsai, H Jey

Serial No.: 10/632,652

Art Unit: 2812

Filed: 8/2/2003

For: APPARATUS AND METHOD FOR FORMING A BATTERY IN AN INTEGRATED CIRCUIT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Fee Only

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CENTRAL FAX CENTER

DEC 27 2004

Request for Reconsideration

Sir:

This Request for reconsideration is in response to the Office Action mailed September 29, 2004.

10/632,652

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PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

10632652

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

TOTAL CLAIMS	79	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	79 minus 20=	* 9
INDEPENDENT CLAIMS	1 minus 3 =	* 0
MULTIPLE DEPENDENT CLAIM PRESENT	<input type="checkbox"/>	

* If the difference in column 1 is less than zero, enter "0" in column 2

1/13/05 CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* 30	Minus	** 29	= 1
Independent	* 1	Minus	*** 3	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM	<input type="checkbox"/>			

SMALL ENTITY

TYPE

OTHER THAN
OR SMALL ENTITY

RATE	FEES	RATE	FEES
BASIC FEE	375.00	OR BASIC FEE	750.00
X\$ 9=		OR X\$18=	162
X42=		OR X84=	
+140=		OR +280=	
TOTAL		OR TOTAL	912

OTHER THAN
SMALL ENTITY

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=		OR X\$18=	50
X42=		OR X84=	
+140=		OR +280=	
TOTAL ADDIT. FEE		OR TOTAL ADDIT. FEE	50 0d.

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* 1	Minus	** 1	=
Independent	* 1	Minus	*** 1	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM	<input type="checkbox"/>			

RATE	ADDI- TIONAL FEE
X\$ 9=	
X42=	
+140=	
TOTAL ADDIT. FEE	

RATE	ADDI- TIONAL FEE
X\$18=	
X84=	
+280=	
TOTAL ADDIT. FEE	

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* 1	Minus	** 1	=
Independent	* 1	Minus	*** 1	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM	<input type="checkbox"/>			

RATE	ADDI- TIONAL FEE
X\$ 9=	
X42=	
+140=	
TOTAL ADDIT. FEE	

RATE	ADDI- TIONAL FEE
X\$18=	
X84=	
+280=	
TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
 *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.